U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

9,000				
1. File Number U - 35249	2. Fiscal Year Covered From:			
9165	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Scott A Forbes	Name Pipefitters Local 533			
	Labor Organization File Number 035-249			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 4215 S.E. Paddock Drive	Street 8600 Hillcrest Road			
City Lee's Summit	City Kansas City			
State Missouri ZIP Code + 4 64082	State Missouri ZIP Code + 4 64138			
5. Position in labor organization. Financial SecTreasurer /	Trustee			
Enter appropriate data below if, during the past fiscal year, you or your s	pouse or minor child directly or indirectly had any of the following interests			
(except as specified in the ex	clusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, a monetary value from an employer whose employees your organization.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
	-			
P.O. Box, Bidg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Augment of the state of the sta	ignature			
Si 15. Signature and verification. The undersigned declares, under penalty	ignature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions.)			
Si 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing Scott Forbes	File Number U- 35249						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:	9. Business deals with:					
Name OBA Midwest	fuction						
Trade Name, if any:	a. Labor Organization						
P.O. Box, Bldg., Room No., if any	b. Trust						
Street 1000 Burr Ridge Parkway Suite 200	c. Employer						
City Burr Ridge							
State Illinois ZIP Code + 4 60527							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name Pipefitters Local 533 Pension Fund	Third Party Administor to Trust Fu	ınds					
Trade Name, if any:	The second of th						
P.O. Box, Bldg., Room No., if any							
Street 8600 Hillcrest Road	44 h Amazarian de lles reture es euch de line	4200 000					
City Kansas City	Approximate dollar value of such dealing. Approximate dollar value of such dealing.	\$300,000					
State Missouri ZIP Code + 4 64138	Golf Outing (MINK Meeting)						
	12.b. Amount.	\$49					
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above)	\$49					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above)	\$49					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.	\$49					
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above) or other thing of value.	\$49					
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or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	er parts A and B above) or other thing of value.	\$49					

Name of Person Filing Scott Forbes	File Number U- 35249						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:						
Name Preferred Health Professionals	general						
Trade Name, if any: PHP	a. Labor Organization						
P.O. Box, Bldg., Room No., if any	b. Trust						
Street 12920 Metcalf Suite 200	c. Employer						
City Overland Park							
State Kansas ZIP Code + 4 66213							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name Pipefitters Local 533 Health & Welfare Fund	PPO for Pipefitters Local 533 Health & Welfare						
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street 8600 Hillcrest Road	11.b. Approximate dollar value of such dealing. \$100,000						
City Kansas City	11.b. Approximate dollar value of such dealing. \$100,000 12.a. Nature of interest held or income received.						
State Missouri ZIP Code + 4 64138	Golf Outing (Health & Welfare provider changes)						
	Golf Outing (Transition from HealthNet discussion)						
	12.b. Amount. \$135						
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street							
City							
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

Name of Person Filing Scott Forbes	File Number U- 35249						
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8. Name and address of Business (including trade name, if any).	9. Business deals with:						
Name Pipefitters Local 533 Pension Fund	F						
Trade Name, if any:	a. Labor Organization						
P.O. Box, Bldg., Room No., if any	b. Trust						
Street 8600 Hillcrest Road	c. Employer						
City Kansas City							
State Missouri ZIP Code + 4 64138							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name Pipefitters Local 533 Pension Fund	Trustee to Pipefitters Local 533 Pension Fund						
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street 8600 Hillcrest Road	11.b. Approximate dollar value of such dealing.						
City Kansas City	12.a. Nature of interest held or income received.						
State Missouri ZIP Code + 4 64138	Reimbursement for actual expenses to attend Trustee training seminar out of town.						
	12.b. Amount. \$1,546						
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.						
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Street							
City							
State ZIP Code + 4							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

Name of Person Filing Scott Forbes		File Number U- 352	249					
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Name and address of Business (including trade name, if any).	9. Business deals with:							
Name Principal Financial Group Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 9397 Street City Des Moines	a. Labor Organization b. Trust c. Employer							
State Iowa ZIP Code + 4 50309-9307								
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name	Trade show vendor.							
Trade Name, if any:	Toward To							
P.O. Box, Bldg., Room No., if any	To the second se							
Street	11.b. Approximate dollar value	of such dealing.	\$0					
City	12.a. Nature of interest held or income received.							
State ZIP Code + 4	Building Trades Raf	fle winner						
	12.b. Amount.	THE SAFETHER WAS A STATE OF TH	\$65					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		***************************************						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.							
Name								
Trade Name, if any:	THE AMERICAN CONTRACTOR OF THE PARTY OF THE		accommon acc					
P.O. Box, Bldg., Room No., if any			uv errenanne miller					
Street	Communicación (Característica Característica Caract		Transmitter and the					
City	way		Transit Linear Color					
State ZIP Code + 4								
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.							